

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2016
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NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Probationary Licensure Survey to 12/14/15.	S 000		
S9999	Final Observations Statement of Licensure Violations 300.696 300.1210d)6) 300.1650b) Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2) Guideline for Hand Hygiene in Health-Care Settings 3) Guidelines for Prevention of Intravascular Catheter-Related Infections 4) Guideline for Prevention of Surgical Site Infection 5) Guideline for Prevention of Nosocomial Pneumonia 6) Guideline for Isolation Precautions in Hospitals 7) Guidelines for Infection Control in Health Care Personnel This REQUIREMNT was not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure staff changed	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 gloves during perineal care and failed to disinfect a mechanical lift in order to prevent cross contamination. This applies to 1 resident (R12) reviewed for infection control in the supplemental sample. The findings include: On March 15, 2016 at 2:10 PM, R12 was in her room and stated, "I had a bowel movement and would like to be changed." E5 and E15 Certified Nurse Aides (CNA) put gloves on and began perineum care. E5 wiped bowel movement off R12's buttock and cleansed her vaginal area. E5 did not remove the dirty gloves and touched R12's adult brief, pants, shirt, bed side rails, resident's hand, and the mechanical lift controls. On March 15, 2016 at 2:30 PM, E5 said, "I don't normally change gloves between dirty and clean areas. Should I be? " On March 15, 2016 at 2:35 PM, E15 stated the mechanical lift used to transfer R12 is also used for residents on the 2100 and 2400 wings. On March 15, 2016 at 2:45 PM, E2, Director of Nurses (DON) stated the CNAs should not be touching anything if they are still wearing the gloves that were used for perineum care and they should be changing gloves between dirty and clean areas. The facility's Perineal Care Policy dated August 1, 2014 states: Apply clean glovescleanse buttocksremove soiled glovesproceed to genital area. The facility's Infection Control Prevention Manual dated 2009 states: All items used for resident care will be cleaned and disinfectedcommon-use items will be cleaned and disinfectedThe policy states: If gloves become grossly contaminated with feces, etc., gloves should be changed before continuingand remove gloves and wash hands. The facility was unable to provide a glove use policy.	S9999			

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S9999	Continued From page 2 (B) 300.1210 Genral Requirments for Nursing and Personal Care d) 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review, the facility failed to prohibit access to chemicals and heating elements, and failed to supervise residents while eating in the dining room. This applies to four residents (R1, R5, R7, R9) in the sample of nine residents reviewed for safety and supervision, and 70 residents (R14, R16-71, and R73-R85) in the supplemental sample. The findings include: 1. On March 16, 2016 at 10:55 AM during the environmental tour, the Pantry door on the 4400 hall in the dementia unit door was able to be pushed open without entering a code. Two electric stove burners were located on the counter with on/off knobs located on the front of the counter. The front burner was turned on and heated up. On March 17, 2016 at 9:00 AM, the Pantry door in the 3400 hall was able to be pushed open without entering a code. On March 17, 2016 at 9:00 AM, E5 (CNA) stated the Pantry door is supposed to be closed and locked and opened with the door code. On March 17, 2016 at 10:05 AM, E1 (Administrator) stated the doors are closed and locked for	S9999		

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S9999	<p>Continued From page 3</p> <p>resident safety and safeguard items they should not access.</p> <p>2. On March 15, 2016 at 12:45 PM, E8 (CNA) was in the 3300 hall dining room where R16 and R17 were still eating. R16's February 3, 2016 Minimum Data Set (MDS) shows R16 is severely cognitively impaired. R17's March 2, 2016 MDS shows R17 is severely cognitively impaired. E8 left the dining room unattended for over 90 seconds. While E8 was gone, R16 dropped her pizza on the floor and picked it back up. E8 returned and asked R16 if she was still eating and R16 said "yes." E8 was told R16 had dropped her pizza and E8 stated she would get another and left the dining room unattended again for one minute, returned without pizza, then left a third time and did not return.</p> <p>On March 15, 2016 at 12:55 PM, E6 (CNA) stated the dining rooms cannot be left unattended and somebody is supposed to be in the dining rooms at all times.</p> <p>3. On March 15, 2016 at 11:00 AM and 1:50 PM, the second floor storage room was not locked and the door was open ajar. On March 16, 2016 at 1:00 PM the same storage room was unlocked and the door was ajar. Supplies in the storage room included three bottles of liquid Clorox hydrogen peroxide disinfecting cleaner, three bottles of liquid Quat disinfection solution, two bottles of liquid hydrogen peroxide 3% solution, and two canisters of Clorox bleach germicidal wipes.</p> <p>On March 15, 2016 at 1:50 PM, E12 CNA stated, "Yes, this room should be locked. If it is part-opened, that is bad for patient safety."</p> <p>On March 15, 2016 at 2:00 PM, E13 said cleaning solutions should always be locked because there is the potential for a resident to drink the poisonous cleaners.</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>On March 16, 2016 at 1:00 PM, E14 Registered Nurse (RN) stated, "Yes, this room (second floor storage room) is supposed to be locked because of the supplies in here that are dangerous to residents."</p> <p>The Facility's (MSDS-Material Safety Data Sheets) state:</p> <ul style="list-style-type: none"> • Clorox hydrogen peroxide disinfecting cleaner, MSDS dated January 5, 2015: Exposure to vapor or mist may irritate respiratory tract. May cause eye irritation. May cause skin irritation. Ingestion may cause slight irritation to mucous membranes and gastrointestinal tract. • Quat disinfection solution, MSDS dated April 27, 2005: Combustible liquid and vapor. May cause chemical eye burns. May cause chemical skin burns. May be fatal if ingested. May cause chemical gastrointestinal burns. Contains a chemical or chemicals which can cause cancer. May cause target organ effects. Contains a chemical or chemicals which can cause birth defects or other reproductive harm. • Hydrogen peroxide 3% solution, MSDS dated September 2, 2008 states: Minimally irritating to the eye and mildly irritating to the skin. Inhalation of vapors and mists irritate the nose and throat. If swallowed, get medical help or contact a poison control center right away. <p>The facility was unable to provide a MSDS for the Clorox bleach germicidal wipes or a policy for chemical storage policy.</p> <p>(B)</p> <p>Section 300.1650 Control of Medications b) All Schedule II controlled substances shall be stored so that two separate locks, using two different keys, must be unlocked to obtain these substances. This may be accomplished by several methods, such as locked cabinets within</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>locked medicine rooms; separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet; locked portable medication carts that are stored in locked medicine rooms when not in use; or portable medication carts containing a separate locked are within the locked medication cart, when such cart is made immobile.</p> <p>This REQUIREMENT was not met as evidenced by: Based on observation and interview the facility failed to ensure Schedule II medications to be stored with a two separate lock system. This applies to 2 residents (R14, R15) in the supplemental sample.</p> <p>The findings include: On March 17, 2016 at 9:20 AM, R14 's Morphine Sulfate was stored in the door of the fourth floor medication refrigerator without a two lock system in place. On March 17, 2016 at 9:50 AM, R15 's Morphine Sulfate was stored in the door of the third floor medication refrigerator without a two lock system in place.</p> <p>On March 17, 2016 at 9:10 AM, E14 (RN) stated narcotics and Schedule II medications need to be stored with two locks. The small refrigerator in the medication room does not have a lock on it. On March 17, 2016 at 9:15 AM, E16 RN stated narcotics need to have a double lock to store them. We do not have a lock for the fridge. It should be locked. On March 17, 2016 at 9:25 AM, E2 stated narcotics and Schedule II medications need two locks for storage. On March 17, 2016 at 9:40 AM, E1 Administrator stated narcotics and Schedule II medications need two locks for storage. E1 stated there is no Schedule II storage policy at the time of the survey.</p> <p>(B)</p>	S9999		

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WINCHESTER HOUSE

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SUMMARY STATEMENT OF DEFICIENCIES
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(X5)
COMPLETE
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